

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | 4        |        | 05/01/01 |
| O.I.P.E. CLASSIFIER       |          | 19     | 5-23-01  |
| FORMALITY REVIEW          | MTB      | 954    | 7/25/01  |
| RESPONSE FORMALITY REVIEW | A - M    | 582    | 01-07-02 |
|                           | HC       | 712    | 07-06-02 |
|                           |          |        | 01/18/02 |

8  
7-20-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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129  
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 856  
 01-07-02  
 058  
 11/9/02